



Warren
County Community College

475 Route 57 West • Washington, NJ 07882

Office of Student Services

(908) 835-2300 fax: (908) 689-5824

REGISTRATION FORM

Academic Planning Workshop - Fall 2019 Early Registration

Student ID #:

--	--	--	--	--	--	--	--	--	--

<p>I am registering for (check one):</p> <p><input type="checkbox"/> Fall</p> <p><input type="checkbox"/> Spring</p> <p><input type="checkbox"/> Summer A</p> <p><input type="checkbox"/> Summer B</p> <p><input type="checkbox"/> Summer C</p> <p><input type="checkbox"/> Summer D (online)</p> <p>Year: 20_____</p>	<p>Contact Information</p> <p>Name LAST: _____ FIRST: _____ M.I.: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>County: _____</p> <p>Cell Phone #: _____ Cell Carrier: _____</p> <p>Alternate Phone #: _____</p> <p>E-Mail: _____</p>
<p>A.A. A.S. A.F.A. A.A.S. Certificate Major: _____</p>	

To register, list courses below and submit form for processing in the Office of Student Services

Dept. Code	Course #	Section	X if Audit	Course Title	Credits
EXP	101	E1	X	Introduction to example course	3

Total Credits:

--

By signing below, I certify the following: I wish to be enrolled in the courses listed above. I understand that I must pay for the courses by the payment deadline or I will forfeit my seat in the class. I understand that in order to drop a class at a 100% refund rate, I must file a drop/add form with the Office of Student Services prior to the first day of the term in question. Placement testing is available as an option for all students. I acknowledge that I have taken or opted out of the test.

Student Signature: _____ **Date:** _____

Registered by: _____ **Date:** _____